

# Background Check

for a Guardianship Case

at the Superior Court, County of San Francisco

## To: Proposed Guardian

The Department of Human Services will check for criminal records and history of child abuse or neglect for your guardianship case at the San Francisco Superior Court.

**1** Attach **filed** copies of these forms:

- ☐ *Petition for Appointment of Guardian, GC-210*    ☐ *Declaration of Proposed Guardian, PGF-1*
- ☐ *Confidential Guardian Screening Form, GC-212*    ☐ *Notice of Hearing, GC-020*

**The person who wants to be Guardian must answer these questions:**

**2** Your name: \_\_\_\_\_ Hearing date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**3** Your address: \_\_\_\_\_

**4** Your birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security #: \_\_\_\_\_

**5** Driver's License #: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

**6** Guardianship of: \_\_\_\_\_ Case No.: \_\_\_\_\_

**7** Will any other adult (18 or older) live in the same home as the proposed guardian or spend a lot of time with the child?    ☐ Yes    ☐ No

*If "Yes", fill out information below for each adult. If more than 3 other adults, attach another sheet with their information.*

**Other Adult #1** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**Other Adult #2** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**Other Adult #3** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

**8** Proposed Guardian signs and dates here:

**X** \_\_\_\_\_    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**9** Ask a server to mail your forms to:

San Francisco Department of Human Services  
Legal Guardianship Unit, J350  
P.O. Box 7988  
San Francisco, CA 94120

**10** After mailing, the server must fill out the *Proof of Service by Mail* on the back of the *Notice of Hearing* form and give it back to you.